

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13347

State File No.

486

FILED MAY 4 1953

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No.

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Worth			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grant City 1130			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri Methodist Hospital				d. STREET ADDRESS (If rural, give location) 1			
3. NAME OF DECEASED (Type or Print)		a. (First) Elvis		b. (Middle) Herbert		c. (Last) Miller	
4. DATE OF DEATH		April 20, 1953					
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH March 1, 1907		9. AGE (In years last birthday) 46	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) trucker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) unk. 9		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Len Miller		13b. MOTHER'S MAIDEN NAME Neva Jane Ralston		14. NAME OF HUSBAND OR WIFE Merle			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Merle Miller, Grant City, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Insufficiency Toxic Myocarditis Prolonged Malnutrition DUE TO (b) Due to Gastrointestinal Fungus Infection DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death and related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 mon 1 mon 7 mon	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 1345			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec 15, 1952, to Apr 20, 1953, that I last saw the deceased alive on Apr 19, 1953, and that death occurred at 11:10am, from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Robert M. Conrad MD				23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED Apr 24, 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 4/20/1953		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Grant City, Mo.	
DATE REC'D BY LOCAL REG. April 28, 1953		REGISTRAR'S SIGNATURE Esther M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE 485 Hester - Bowman Funeral Home		ADDRESS St. Joseph, Mo.	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 7 1965

MAY 8 1965

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

George W. Carter

Licensed Embalmer No. *4814*

P. O. Address *St. Joseph, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.